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APPLICANTS

Ernst F. Reichwein, Littleton, CO;
 Joseph G. White, Littleton, CO;

**** CONTINUING DATA *******

This application is a CIP of 09/122,404 07/25/1998 PAT 6,311,162 and is a CIP of 09/880,973 06/14/2001 ABN
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 55	TOTAL CLAIMS 20 14	INDEPENDENT CLAIMS 8 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Cuong Nguyen</i> Initials: <i>CM</i>				

ADDRESS

Brian P. Kinnear
 HOLLAND & HART LLP
 555 Seventeenth Street, Suite 3200
 P.O. Box 8749
 Denver, CO80201

TITLE

INTERACTIVE SYMPTOMATIC RECORDING SYSTEM AND METHOD UTILIZING SYMPTOMATIC MEMORY

FILING FEE RECEIVED 796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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